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restoring hope for children

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April 13, 2011

MT Legislature--House Judiciary

RE: Support SJ30-Interim study regarding childhood trauma and long term effects on children

Senator Terry Murphy, Chairman:

Mr. Chairman and members of the committee, my name is Lora Cowee and I am the Director of Operations at Intermountain, a provider of a variety of services to children and families in Montana for over one hundred years. Intermountain provides services to children and their families in a variety of services ranging from Residential to Community Services with a focus on treatment and child welfare. In 2010, Intermountain served over 1000 children in communities ranging from Helena, Great Falls, Missoula, and Kalispell. We are best known for our nationally recognized treatment model and approach we call our "Developmental-Relational Model" which focuses on relationships and viewing the child through their developmental age. Our model emphasizes the importance of the first three years of life and how a child is parented and cared for in these first three years will impact their growth and success in later life.

We all know and agree and accept that children are our future. What we don't understand and accept is how at risk our future is if we don't begin to address the impacts of childhood trauma. If I were to ask you what the latest epidemic in childhood is, many of you would respond with "childhood obesity". Interestingly, it took years for this issue to come to the forefront and action to be taken on many levels. But by the time we recognized this was an issue that needed to be addressed, it had grown to an epidemic proportion. Our response as a society was reactive. The amount of money we now have to spend to address and turn this tide is and will continue to be in billions of dollars when you take into consideration all the impacts to health and medical issues that will continue to arise for children who are obese and as they grow into adults. We have another epidemic that is beginning and if we don't intervene now, we will be behind the curve as we became with childhood obesity. We will again be forced into a reactionary response and end up paying more (both monetary and in lives) than if we could have intervened earlier.

The next epidemic is the impact of childhood trauma and relational poverty. According to Dr. Bruce Perry at the Childhood Trauma Academy, these issues will continue to exponentially grow and soon our society will suffer the impacts of this in a same manner we now are regarding childhood obesity. The cost due to a "childhood trauma epidemic" will end up being on the same proportional level as childhood obesity. Dr. Perry and many other researchers have also found that the long term impacts of abuse and neglect are pervasive. In a study done on over 1000 children suffering trauma from abuse and neglect who were removed from parental care; 200 of these children under the age of 6 experienced, "... significant developmental delays in more than 85% of the children. The severity of these developmental problems increased with age, suggesting, again, that the longer the child was in the adverse environment – the earlier and more pervasive the neglect – the more indelible and pervasive the deficits." In other words, if we can prevent this trauma from occurring early on in families, we can change the trajectory of impacts, stop the epidemic from growing, improve society, and secure the health of our future generation.



In addition to the emotional and mental health impacts of childhood trauma, researchers have also now connected impacts from trauma in childhood to physical health as an adult. The Adverse Childhood Effects study examined the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life. In the study, a person experiences an "ACE" if in childhood (0-18) they experienced: Recurrent physical abuse; Recurrent emotional abuse; Contact sexual abuse; An alcohol and/or drug abuser in the household; An incarcerated household member; Someone who is chronically depressed, mentally ill, institutionalized, or suicidal; Mother is treated violently; One or no parents; Emotional or physical neglect.

According to the study, the higher the number of "ACEs" a child has growing up the more strong the likelihood in adulthood they will suffer and early death due to heart disease, diabetes, lung disease, liver disease, and suicide. In addition to this medical impact, there are also numbers social and community impacts from high "ACE" Scores. Things such as adult work productivity, risk for domestic violence, incarceration, risk to contract an STD or HIV, and many others. One only has to read the ACE study to understand that we will pay later in lives and taxpayer dollars if we don't do something about this now.

In Montana, we have evidence of this new epidemic in the DPHHS budgets for children's mental health, adult mental health, and medical Medicaid. Every year these budgets exponentially grow and a main driver of this is the ever growing need of children and families who have mental health needs--primarily due to childhood trauma. Every year the caseload for Medicaid-medical increases and the number of serious medical diseases that are most costly to treat increase. No matter how much we try to control the budget of this department, the needs will continue to exponentially grow and we will pay in one way or another; even if we don't use government funds to treat and intervene. We will pay through corrections when children go untreated and end up in this system as adults, we will pay in the education system when we have to find ways to educate the growing population of emotionally disturbed children in the public school system, we will pay in the rise in removals of children from abusive and neglectful homes. We will pay later when children who suffer from childhood trauma are unable to become productive members of society. We can decide to not pay now, but one thing is for certain, we will pay later in some shape or form.

The good news is that each of these researchers and many other research findings have found there are ways to effectively impact and treat those effected by childhood trauma and many programs that are having success at putting theory into practice and producing positive outcomes. There are also just as many research findings and programs with success at preventing childhood trauma. Intermountain is a program that is committed to finding ways to prevent the need for children to be removed from their families and communities through the services, education, and advocacy we offer. We have developed a treatment model that has outcomes in creating permanency for children who are most costly to the system and effectively reducing the need and cost for higher levels of care for extremely disturbed children. Our focus has grown over the years to find ways to intervene earlier to prevent a child and families need for higher levels of care. There are other programs who have similar focus and are able to produce similar outcomes. If we collectively look at this issue and ways to effectively impact childhood

trauma, we will be able to come up with solid solutions and recommendations that can be considered by lawmakers.

This joint resolution will be a beginning for understanding the issues that stem from childhood trauma and the research, approaches, programs that are already having an impact on stemming this epidemic. Based on the findings from this interim study, we can have recommendations on how to truly impact and change our children's future and health of Montana.

I ask you Mr. Chairman and members of the committee to support SJ30.

Thank you.

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